

Tumors of the testes MCQ Question Answer

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Question: 1. Seminomas are classified as good risk when which of the following is (are) present:

- Option A. stem from the periphery of the testis
- Option B. no non-pulmonary visceral metastases
- Option C. normal α -FP, β -hCG, and LDH markers
- Option D. all of the above

Question: 2. What is true regarding radical inguinal orchiectomy for testicular cancer?

- Option A. is considered based on a histologic evidence
- Option B. should not be performed through a scrotal incision
- Option C. preoperative biopsy is required for histologic examination
- Option D. entails early clamping of the cord at the external inguinal ring level

Question: 3. What is the most common testicular neoplasm in men over 50?

- Option A. lymphoma
- Option B. spermatocytic seminoma
- Option C. adenocarcinoma
- Option D. cystadenoma

Question: 4. What is the most common presentation of testicular cancers?

- Option A. unilateral hydrocele
- Option B. dull ache or heavy sensation in the lower abdomen
- Option C. painless swelling or a nodule in the testicle
- Option D. incidental finding on scrotal ultrasonography

Question: 5. What is the most common para-testicular tumor in children?

- Option A. rhabdomyosarcoma
- Option B. liposarcoma
- Option C. sarcomatoid tumor
- Option D. angiosarcoma

Question: 6. With regard to pure subtypes of testicular tumors, which statement is false?

- Option A. pure embryonal carcinoma may increase serum α -FP and hCG levels
- Option B. pure seminoma increases serum hCG levels in 15% of cases but not α -FP
- Option C. typically, endodermal sinus tumors don't increase any tumor marker
- Option D. pure choriocarcinoma is associated with high hCG levels but not α -FP

Question: 7. What is true regarding retroperitoneal lymph nodes involvement in testicular cancers?

- Option A. left testicular tumors spread to the periaortic lymph nodes

- Option B. right testicular tumors spread to the interaortocaval lymph nodes
- Option C. the fashion of further spread in the retroperitoneum is from right to left
- Option D. all of the above

Question: 8. What is the role of positron emission tomography (PET) in testicular cancer patients?

- Option A. evaluates post chemotherapy residual masses in pure seminoma cases
- Option B. helps stage non-seminomatous germ cell tumors
- Option C. all of the above
- Option D. used for active surveillance in non-operable cases

Question: 9. Leydig cell tumors and Sertoli cell tumors are benign in:

- Option A. 60%
- Option B. 70%
- Option C. 80%
- Option D. 90%

Question: 10. After chemotherapy for testicular cancers, how long does it take for spermatogenesis to return to the norm?

- Option A. 3 months
- Option B. 3 spermatogenic cycles
- Option C. 3 yrs.
- Option D. damage is permanent

Question: 11. Testicular germ cell tumors that produce only α -FP are:

- Option A. yolk cell tumors
- Option B. choriocarcinomas
- Option C. embryonal carcinomas
- Option D. pure seminomas

Question: 12. What is the commonest site of cancer occurrence in the male urethra?

- Option A. fossa navicularis
- Option B. bulbomembranous urethra
- Option C. prostatic urethra
- Option D. external urethral meatus

Question: 13. Seminoma is rare in patients:

- Option A. younger than 10 yrs.
- Option B. older than 50 yrs.
- Option C. between 20 27 yrs.
- Option D. between 28 35 yrs.

Question: 14. What is true regarding biological markers of testicular cancers?

- Option A. high levels of α -FP are found only in non-seminomas
- Option B. high levels of α -FP may result from marijuana use
- Option C. β -hCG levels above 10,000 mIU/mL are seen only in germ cell tumors and hepatocellular carcinoma
- Option D. LDH is a useful marker for surveillance after tumor extirpation

Question: 15. What is false regarding spermatocytic seminoma?

- Option A. occurs in men over 60 yrs.
- Option B. does not contain an isochromosome 12p
- Option C. constitutes a considerable part of mixed germ cell tumors
- Option D. rarely metastasizes without sarcomatous differentiation

Question: 16. What is the percentage of germ cell tumors among all testicular cancers?

- Option A. greater than 90%
- Option B. lesser than 40%
- Option C. greater than 70%
- Option D. lesser than 20%

Question: 17. Which of the following is NOT a risk factor for developing testicular cancers?

- Option A. environmental conditions exposing the testes to high temperature
- Option B. 47XXY genotype
- Option C. prior testicular cancers
- Option D. cryptorchidism

Question: 18. On presentation, what is the percentage of infertility among testicular germ cell tumor patients?

- Option A. 10 - 20%
- Option B. 20 - 60%
- Option C. 60 - 80%
- Option D. 80 - 90%

Question: 19. 6.What is false regarding testicular cancer and cryptorchidism?

- Option A. the risk of developing germ cell tumor when an undescended testis is in the abdomen is greater than when it is in the inguinal canal
- Option B. orchiopexy for boys younger than 6 yrs. lowers the risk of cancer development
- Option C. a normally descended testis carries 5-20% risk of developing cancer when its mate is undescended
- Option D. the risk of cancer increases in cryptorchid patients over 33 yrs. of age

Question: 20. Which subtype of germ cell tumors has the highest propensity for hematogenous spread?

- Option A. yolk cell tumors
- Option B. spermatocytic seminoma
- Option C. choriocarcinoma

Option D. embryonal carcinoma

Question: 21. Late toxicity of chemotherapy for testicular cancers might result in all of the following, EXCEPT:

Option A. peripheral neuropathy

Option B. renal failure

Option C. Raynaud phenomenon

Option D. hypogonadism

Question: 22. What is false concerning teratoma of the testis?

Option A. there is no clinical distinction between mature and immature teratoma

Option B. has no biological markers

Option C. is sensitive to chemotherapy

Option D. when large in size can be infiltrative and difficult to resect

Question: 23. What is the 5-yr survival rate for a localized testicular cancer?

Option A. over 80%

Option B. over 85%

Option C. over 90 %

Option D. over 95 %

Question: 24. What is false concerning intratubular germ cell neoplasia (ITGCN) of the testes?

Option A. adult choriocarcinoma arise from ITGCN

Option B. spermatocytic seminoma arises from ITGCN

Option C. typically, pediatric germ cell tumors (GCT) do not arise from ITGCN

Option D. ITGCN is the common precursor for most of adult male GCT

Question: 25. In seminomas, the risk factor(s) for metastases (is) are:

Option A. rete testis involvement

Option B. tumor size greater than 4 cm

Option C. all of the above

Option D. β -hCG of $\geq 10,000$ mIU/mL on diagnosis

Question: 26. What is true regarding brain metastases of testicular cancers?

Option A. should be suspected in any patient with a very high hCG level on diagnosis

Option B. the commonest subtype that causes brain metastases is choriocarcinoma

Option C. these patients should receive 4 cycles of bleomycin-etoposide-cisplatin as first-line chemotherapy

Option D. early initiation of chemotherapy ensures a good prognosis

Question: 27. Testicular cancer patients with bulky retroperitoneal lymph node disease greater than 3 cm should:

- Option A. undergo laparoscopic lymph node sampling
- Option B. receive induction chemotherapy
- Option C. undergo extensive retroperitoneal lymph node dissection
- Option D. go for palliative therapy

Question: 28. What epididymal lesion is associated with von Hippel-Lindau syndrome?

- Option A. mature teratoma
- Option B. immature teratoma
- Option C. cystadenoma
- Option D. adenomatoid tumor

Question: 29. What is false concerning tumor markers of seminoma?

- Option A. in pure seminoma α -FP is normal
- Option B. if syncytiotrophoblastic giant cells are present, β -hCG may be elevated
- Option C. spermatocytic seminomas rarely metastasize without sarcomatous differentiation
- Option D. pure seminoma constitutes approximately 90% of pure germ cell tumors

Question: 30. What is the most common para-testicular tumor in adults?

- Option A. rhabdomyosarcoma
- Option B. liposarcoma
- Option C. sarcomatoid tumor
- Option D. angiosarcoma

Answer Sheet

1	D	self-explanatory.
2	B	it is contraindicated to perform radical orchiectomy through a scrotal incision because of the risk of upgrading the tumor.
3	A	self-explanatory.
4	C	self-explanatory.
5	A	self-explanatory.
6	C	endodermal sinus tumor (yolk cell tumors) are associated with increased α -FP but not β -hCG.
7	D	self-explanatory.
8	A	self-explanatory.
9	D	90% are benign, while 10% are malignant.
10	C	self-explanatory.
11	A	yolk cell tumors are associated with elevated α -FP levels but they do not produce β -hCG.
12	B	the bulbous part is the commonest area of strictures and cancers.

13	A	self-explanatory.
14	A	pure seminomas dont produce α -FP.
15	C	does not occur as part of mixed germ cell tumor.
16	A	self-explanatory.
17	A	increased scrotal temperature have not been associated with increased risk.
18	B	self-explanatory.
19	D	the risk of cancer decreases in cryptorchid patients over 33 yrs.
20	C	self-explanatory.
21	B	in addition to the indicated SE, hearing loss, infertility, secondary malignancies, and cardiovascular disease. Renal failure is not a known toxicity.
22	C	teratoma is chemo-resistant.
23	D	by stage, 5-year relative survival is 99.2% for patients with localized testicular cancer, 96.1% for patients with cancer that has spread to regional lymph nodes, and 73.2% for patients with metastatic disease.
24	B	ITGCN is the common precursor for most of adult male GCT except spermatocytic seminoma.
25	C	self-explanatory.
26	D	prognosis is poor.
27	B	self-explanatory.
28	C	self-explanatory.
29	D	pure seminoma constitutes roughly 50% of pure germ cell tumors.
30	B	self-explanatory.